

<b>Case Number:</b>	CM15-0102200		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male who sustained an industrial injury on 01/02/2013. Mechanism of injury was cumulative trauma bilateral knee injury. Diagnoses include bilateral knee sprain. Treatment to date has included diagnostic studies, medications, Supartz injections, H-Wave, and physical therapy. Current medication is Tramadol. There is documentation present that an MRI of the right knee was done on 11/20/2014 revealed mild patellofemoral chondromalacia and no meniscal or ligamentous tears. A physician progress note dated 04/01/2015 documents the injured worker states that he did experience some improvement in the right knee after an injection. He continues to experience a cracking sound in the left knee. He has a normal gait pattern and range of motion is full. On palpation there is slight cracking and clicking. On the left side there is stiffness on the medial joint as well as some cracking sounds. Patellofemoral grind test is positive on the right side. The treatment plan includes Tramadol 150mg daily prescription, a hyaluronic acid injection to the left knee, and urine toxicology screen. Treatment requested is for Terocin 120mg (Methyl Salicylate 25% Menthol 10% Capsaicin 0.025% Lidocaine 2.5%) x 2 bottles, and Tramadol 150mg ER #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol 150mg ER #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R Page(s): 12,13, 83 and 113 of 127.

**Decision rationale:** This claimant was injured in 2013 with cumulative knee repetitive injury. He has been on tramadol. There is still crackling in the left knee. There is normal gait and range of motion is full. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

**Terocin 120mg (Methyl Salicylate 25% Menthol 10% Capsaicin 0.025% Lidocaine 2.5%)**  
**x**

**2 bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 111 of 127. Decision based on Non-MTUS Citation PDR, under various Terocin components.

**Decision rationale:** Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin. Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topical: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request is appropriately non-certified under MTUS criteria. Therefore the request is not medically necessary.